

PAR4**NSAID UTILIZATION AMONG COMMERCIALY INSURED MEMBERS IN A MANAGED CARE ENVIRONMENT**

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OBJECTIVE: To evaluate nonsteroidal anti-inflammatory drug (NSAID) utilization among commercially insured members in a managed care environment. **METHODS:** This was a cross-sectional study of administrative pharmacy claims data from eleven health plans between July 1, 1994 and June 30, 1997. Data were used to determine the prevalence of prescription NSAID use. Analyses were performed on two groups: those with and those without a rheumatoid arthritis or osteoarthritis diagnosis occurring <90 days prior to their first NSAID claim during the study period. Members were required to be continuously enrolled with a drug benefit during the study period (N = 149,216). Acute NSAID utilization (defined as <3 prescriptions during the study period), chronic NSAID utilization (defined as >3 NSAID prescriptions during the study period), and average day supply were analyzed. **RESULTS:** The prevalence of NSAID use among continuously enrolled health plan members of all ages was 32% during the three-year study period. Among members with arthritis, 37% were considered acute NSAID users and 63% were considered chronic users. A 30 to 34 days supply of NSAIDs was most common for members with arthritis. Among members without arthritis, 71% were considered acute NSAID users and 29% were considered chronic users. A 10 to 15 day supply was most common for members without a recent arthritis diagnosis. **CONCLUSION:** The majority of NSAID users in the managed care population used NSAIDs on an acute basis. Consequently, use of the more costly, new class of NSAIDs, COX-2 inhibitors, which may reduce the incidence of gastrointestinal (GI) bleeding among those at increased risk of GI irritation due to chronic NSAID exposure, may not be warranted for most NSAID users.

PAR5**COMPARING THE HEALTH RELATED QUALITY OF LIFE OUTCOMES OF TREATMENT FOR EARLY RHEUMATOID ARTHRITIS**Bury-Maynard D¹, Kosinski M¹, Wanke LA², Buatti MC³¹QualityMetric, Inc., Lincoln, RI, USA; ²Immunex Corporation, Seattle, WA, USA; ³Wyeth-Ayerst Laboratories, Philadelphia, PA, USA

Health related quality of life (HQL) measures provide benchmarks by which to judge the effectiveness of treatment that might otherwise be lost by relying on laboratory measures. **OBJECTIVE:** To compare the impact of 3 treatments for early RA (≤3 years) on HQL. **METHODS:** The SF-36 Health Survey (SF-36) and the Health Assessment Questionnaire (HAQ) were self-administered

by 632 patients participating in a double-blind, randomized, controlled clinical trial of three treatments (etanercept 25 mg and 10 mg and methotrexate) for early RA. Patients were followed over the course of one year with 9 interim follow-up assessments. **RESULTS:** Treatment had its greatest impact on measures of physical health status, specifically the SF-36 physical (PCS) and HAQ summary scales. To a lesser degree treatment also improved mental health status as determined by the SF-36 mental (MCS) summary scale. Patients in the etanercept 25 mg and MTX groups improved by as much as a standard deviation on both PCS (10 points) and HAQ (1 point) summary scales by week 52. Patients in the etanercept 10 mg group improved by nearly a standard deviation on the HAQ (0.8 points) summary scale but only 1/2 of a standard deviation on the PCS (5 points) scale by week 52. Average improvements in PCS and HAQ scores during early follow-up (2- and 4-week) assessments for patients receiving etanercept 25 mg were more than two times the amount observed for patients receiving MTX ($P < 0.001$). **CONCLUSION:** A higher dose of Etanercept achieved a quicker improvement of functioning and well being that was maintained over the course of the year.

PAR6**QUALITY OF LIFE MEASUREMENTS AS PREDICTORS OF CHANGE IN THERAPY IN PATIENTS WITH MUSCULOSKELETAL DISORDERS**Yazdani C¹, Cox ER², Castro WLR³¹NDC Health Information Services, Phoenix, AZ, USA; ²School of Pharmacy, University of Arizona, Tucson, AZ, USA; ³School of Medicine, University of Arizona, Tucson, AZ, USA

OBJECTIVES: The purpose of this study was to evaluate the association between self-rating of physical and mental health and changes in prescription therapy in the course of the office visit in the treatment of patients with musculoskeletal disorders. **METHODS:** Patients visiting one of the two outpatient clinics in Tucson, Arizona with arthritic symptoms as their chief complaint were invited to complete a self-administered questionnaire. In addition to demographics and diagnoses information, data was collected on medication profile, scores on a functional status instrument (Health Assessment Questionnaire), and quality of life instruments (Feeling Thermometer; 12-item Short Form Health Survey). The data were collected between March and May 1998. **RESULTS:** Among 772 patients, 112 (14.5%) received additional medication following the visit, 29 (3.8%) had a medication discontinued, and 51 (6.6%) experienced both an addition and a discontinuation of medication. According to univariate statistics, patients who received additional medication reported more functional limitation ($P < 0.05$) and poorer overall health (SF-12 Physical, $P < 0.001$; SF-12 Mental, $P < 0.005$; FT, $P < 0.05$), compared to patients whose therapy remained unchanged. After adjusting for age, gender, comorbid condition, spe-